

IMMUNIZATION SKILLS CHECKLIST

Name: _____

Registration No.: _____

ACTIVITY	DATE
CLINIC SETUP	
<input type="checkbox"/> Ensures anaphylaxis kit is complete and accessible	
<input type="checkbox"/> Sets up supplies and equipment to promote proper body mechanics and OHS standards	
<input type="checkbox"/> Follows provincial guidelines when storing, handling or transporting vaccines	
PERFORMS APPROPRIATE CLIENT ASSESSMENT PRIOR TO IMMUNIZATION	
<input type="checkbox"/> Health status	
<input type="checkbox"/> Contraindications and adverse event history	
<input type="checkbox"/> Vaccine history from client/agency record	
<input type="checkbox"/> Determines high risk eligibility for additional vaccines (e.g. influenza)	
<input type="checkbox"/> Recognizes and responds to the unique immunization needs of certain population groups	
VACCINE(S) TO BE ADMINISTERED	
<input type="checkbox"/> Determines vaccine(s) to be administered according to guidelines of the BCCDC Immunization Program	
OBTAINS INFORMED CONSENT	
<input type="checkbox"/> Discusses the implications of the individual's rights, confidentiality, privacy, informed consent and informed refusal	
<input type="checkbox"/> Explains that consent is obtained for a vaccine series and consent is valid until completion of the series	
<input type="checkbox"/> Refers to appropriate HealthLinkBC File(s) and identifies credible sources of immunization information	
<input type="checkbox"/> Using scientific knowledge, delivers clear, concise messages about the risks of vaccine-preventable diseases and the benefits of vaccines	
<input type="checkbox"/> Describes the nature and purpose of the vaccine(s)	
<input type="checkbox"/> Describes the common and expected reactions following immunization	
<input type="checkbox"/> Reviews possible serious or severe adverse events and their frequency	
<input type="checkbox"/> Reviews contraindications and precautions related to vaccine(s) to be administered	
<input type="checkbox"/> Provides aftercare instructions	
<input type="checkbox"/> Ensures client has opportunity to ask questions	

PREPARES VACCINE CORRECTLY	DATE
<input type="checkbox"/> Cleanses hands	
<input type="checkbox"/> Maintains sterile and aseptic technique	
<input type="checkbox"/> Selects correct vaccine, checks vaccine, expiry date, and dosage X 3 prior to administration	
<input type="checkbox"/> Reconstitutes vaccine	
<input type="checkbox"/> Chooses the correct needle length and gauge for the age and size of the client	
DEMONSTRATES CORRECT VACCINE ADMINISTRATION	
<input type="checkbox"/> Instructs proper positioning either by showing parent to position and hold child appropriately or by instructing adult to sit and relax site of injection	
Demonstrates accurate administration technique and site location	
<input type="checkbox"/> Intramuscular	
<input type="checkbox"/> Subcutaneous	
<input type="checkbox"/> Intradermal	
<input type="checkbox"/> Intranasal (if applicable)	
<input type="checkbox"/> Oral (if applicable)	
<input type="checkbox"/> Safely handles and disposes of syringe	
<input type="checkbox"/> Assists parent to comfort child as needed (if applicable)	
<input type="checkbox"/> Demonstrates appropriate knowledge of protocol for the management of anaphylaxis, and describes emergency plan to manage anaphylactic event or a fainting episode	
DOCUMENTATION	
<input type="checkbox"/> Documents consent or refusal for immunization	
<input type="checkbox"/> Documents contraindications	
<input type="checkbox"/> Records an immunization encounter on the appropriate documentation instruments accurately and completely	
<input type="checkbox"/> Records the reason for and planned follow-up action when a scheduled immunization is not given	
<input type="checkbox"/> Demonstrates appropriate knowledge of the process for reporting an adverse event following immunization (AEFI)	
<input type="checkbox"/> Provides immunization record to client	
CLIENT REMINDERS	
<input type="checkbox"/> Explains when next vaccines are due	
<input type="checkbox"/> Reminds client to report possible serious or adverse events	

Immunization Evaluator(s): _____ (NAME) _____ (SIGNATURE) _____ (DATE)
 _____ (NAME) _____ (SIGNATURE) _____ (DATE)